

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15348**

FILED APR 18 1953

BIRTH NO.

REG. DIST. NO. **300**PRIMARY REG. DIST. NO. **6029** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington (Rural) Logan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Daughters Home		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) Elizabeth		4. DATE OF DEATH (Month) (Day) (Year) April 9 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 23 1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (State or foreign country) Shannon County, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anderson		13b. MOTHER'S MAIDEN NAME Artemissia	
14. NAME OF HUSBAND OR WIFE Frank		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Stout	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 3/31 , 1953, to 4/9 , 1953, that I last saw the deceased alive on 4/8 , 1953, and that death occurred at 10:15 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE J. O. Dell M.D.		23b. ADDRESS Ellington Mo.	
23c. DATE SIGNED 4/11/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-11-53		24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery	
24d. LOCATION (City, town, or county) (State) Ellington Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Seaton Pruitt	
25. FUNERAL DIRECTOR'S ADDRESS		DATE REC'D BY LOCAL REG. April 13/53	
REGISTRAR'S SIGNATURE Essie Evans		276	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 4-16-53

Reynolds County Health

File No. 453 - 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.